

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047983

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 6819

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in <u>2 weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hyde Park Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>1001 E. 11th</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ANDREW</u> Middle <u>JEROME</u> Last <u>DORAN</u>			4. DATE OF DEATH Month <u>December</u> Day <u>16</u> Year <u>1963</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>7-5-1908</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>55</u> Days <u>55</u> Hours <u>55</u> Min. <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maintenance man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carriage Club</u>		11. BIRTHPLACE (City and state or country) <u>Chetopa, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>					

13a. FATHER'S NAME <u>Andrew Jackson Doran</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Bedell</u>	14. NAME OF HUSBAND OR WIFE <u>Edw., Ks.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Julia Cannafax 620 Edwardsville Br.</u>

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic carcinoma</u> Interval between ONSET AND DEATH <u>6+ months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>10:30</u> a.m. <u>P.M.</u> Month, Day, Year <u>Dec 5, 1963</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>Dec 5, 1963</u> to <u>Dec 5, 1963</u> and last saw him alive on <u>Dec 5, 1963</u> Death occurred at <u>10:30 P.M. P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Wm. H. Goodson, Jr. M.D.</u>	22b. ADDRESS <u>1322 Professional Building Kansas City, Mo 64106</u>	22c. DATE SIGNED <u>12/17/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-20-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Edwardsville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Edwardsville, Kansas</u>
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24. FUNERAL DIRECTOR <u>Alden Harrington & Sons</u>	25. DATE RECD. BY LOCAL REG. <u>12-17-63</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <u>3148</u>	
3	
4 <u>0</u>	
5 <u>3</u>	
6	
7 <u>1</u>	
8 <u>2</u>	
9 <u>162.1</u>	
10	
11	
12 <u>86-D</u>	
13	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John W. Hastings
Licensed Embalmer No. 5252

P. O. Address Bonner Springs, Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.